



AFFIDAVIT OF AFFIXTURE OF MOBILE HOME APPLICATION

MICHIGAN DEPARTMENT OF STATE
OFFICE OF CUSTOMER RECORDS

PLEASE **PRINT** OR **TYPE** INFORMATION REQUESTED

Instructions:

- Submit notarized affidavit application.
- Remit a check or money order for the \$90.00 filing fee made payable to the **State of Michigan**.
- Secured party of record must give written consent to the termination of the security interest or indicate lien termination on certificate of title.
- The current Certificate of Title or Certificate of Origin must accompany this application. Photocopies are not acceptable.
- The owner(s) on the Affidavit of Affixture application must match the owner(s) on the Certificate of Title/Certificate of Origin.
- The approved affidavit will be returned to the person listed in section 3. If section 3 is blank, it will be returned to the owner of record listed in section 1. The approved affidavit must then be recorded at the Register of Deeds in the county where the real property is located.
- Application will be returned if not complete.

FOR DEPARTMENT USE ONLY

FILED AND ACCEPTED BY THE DEPARTMENT ON:

SECTION 1. OWNER AND MOBILE HOME INFORMATION

NAME OF OWNER(S)		DAYTIME TELEPHONE NUMBER	
PROPERTY ADDRESS		CITY	STATE ZIP
YEAR	MANUFACTURER	MANUFACTURER'S SERIAL NO.	

LEGAL DESCRIPTION OF THE REAL PROPERTY TO WHICH THE MOBILE HOME IS AFFIXED

SECTION 2. CERTIFICATION

I certify that the mobile home is physically affixed to the real property described above.

PRINTED NAME OF OWNER(S) AS LISTED ABOVE _____

SIGNATURE OF OWNER(S) AS LISTED ABOVE _____

DATE _____

This affidavit was executed in the County of _____ within the State of _____.

Sworn to and subscribed before me this _____ day of _____, 20____.

Printed Name of Notary: _____

County: _____

Acting in: _____

Commission Expires: _____

Signature of Notary Public _____

SECTION 3. DRAFTED BY

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

SECTION 4. RETURN AFFIDAVIT OF AFFIXTURE TO

NAME _____

CONTACT PERSON _____

DAYTIME TELEPHONE NUMBER
() _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

CALL 517-636-7476 OR EMAIL MDOS-MobileHomeAffidavits@Michigan.gov IF YOU NEED HELP COMPLETING THIS FORM.

Mail this completed, notarized Affidavit of Affixture of Mobile Home form, check or money order made payable to **State of Michigan**, and current Certificate of Title or Certificate of Origin to:

Michigan Department of State
Office of Customer Records
Vehicle Records Activity Unit
PO Box 30045
Lansing, MI 48909-9798